

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13846**

FILED APR 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2090</u>		Registrar's No. <u>386-A</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jessup, mo.</u>		<u>0770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) <u>BERT</u>		a. (First) <u>W.</u>		c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 13 - 53</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>February 1, 1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lockwood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gideon P. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>HATTIE CLARK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. W. CLARK, Jr.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition and Debility</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Petri-peritoneal tumor</u> <u>malignant probably lymphoma.</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no surgery</u>		20. AUTOPSY? <u>2021</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield MO</u>		21d. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-13-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>2-8</u> , 19 <u>53</u> , to <u>4-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>53</u> , and that death occurred at <u>12:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. Clark, Jr.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Springfield MO</u>		23c. DATE SIGNED <u>4-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lilly Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Barrenville Rural MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-17-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint Beck</u>		ADDRESS <u>Barrenville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 7 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John R. Carey

Licensed Embalmer No. 4885

P. O. Address Quincyville, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.